

Equal Employment Opportunity

To aid the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This information will be separated from this application before any decisions affecting employment are made and will be used by authorized personnel for research and evaluation purposes only. Your assistance in providing this information is necessary to the success of the research and evaluation program.

If this application is used for a hiring interview, please remove this section of the application prior to the interview.

- ☐ MALE
☐ FEMALE

YOUR AGE GROUP

- (1) ☐ UNDER 21
(2) ☐ 21-29
(3) ☐ 30-39
(4) ☐ 40-49
(5) ☐ 50-59
(6) ☐ 60 AND OVER

CHOOSE THE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY YOURSELF

- (1) ☐ BLACK
(2) ☐ ASIAN
(4) ☐ SPANISH SPEAKING/SURNAME
(5) ☐ WHITE
(6) ☐ POLYNESIAN
(7) ☐ AMERICAN INDIAN/ESKIMO
(8) ☐ FILIPINO
(3) ☐ ALL OTHER

DO YOU HAVE A MAJOR DISABILITY WHICH HAS IMPEDED YOUR OBTAINING EMPLOYMENT?

- (1) ☐ HEARING IMPAIRMENT
(2) ☐ SIGHT IMPAIRMENT
(3) ☐ SPEECH IMPAIRMENT
(4) ☐ PHYSICAL IMPAIRMENT
(5) ☐ DEVELOPMENTAL DISABILITIES
(6) ☐ OTHER (PLEASE NOTE):